

Maidstone and Malling Carers Project response to Public consultation – Disability Living Allowance Reform

1. What are the problems or barriers that prevent disabled people participating in society and leading independent, full and active lives?

Not having equal access to employment, transport, housing, education and social lives.

2. Is there anything else about DLA that should stay the same?

The Carer impact assessment needs to still be included in the new assessment form to detail the level of support given by the carer and/or needed by the individual who is claiming. It should reflect the extent of the support given and/or needed also highlighting the outcomes if the support was not there.

Aids and adaptations should not be taken into account as now. This could prevent people accessing them for fear of not obtaining benefits. By having a motorised wheelchair for example this still does not overcome all of the barriers faced by someone unable to walk unaided. Many buildings, pavements and transport systems are still impossible to access in a wheelchair.

3. What are the main extra costs disabled people face?

- Transport costs – often unable to access public transport without support, or transport not suitable for their wheelchair or not accessible due to their disability
- Higher utility bills
- More frequent replacement of household equipment (eg washing machines) frequently heavily used by people with incontinence problems
- Increased ‘weekly shop’ bills due to special diets, washing powders, disinfectants etc and mobility problems limiting ability to ‘shop around’
- Clothing and household linen [more frequent replacement due to wear and tear/extra washing]
- Paying for personal assistance or help at home
- Adaptations to their property and/or specialist equipment

4. The new benefit will have two rates for each component:

- **Will having two rates per component make the benefit easier to understand and administer, while ensuring appropriate levels of support?**
- **What, if any, disadvantages or problems could having two rates per component cause?**

There will still be 9 different levels of payment possible so it will remain difficult and very subjective to administer. The review will also mean many people losing the lowest rate of care resulting in financial hardship.

5. Should some health conditions or impairments mean an automatic entitlement to the benefit, or should all claims be based on the needs and circumstances of the individual applying?

Of course claims should be determined by need and circumstances. However common sense dictates that there are some conditions, which in all cases result in high level of need. It would be both a waste of time and resources for the DWP, and a source of unnecessary delay and stress for claimants and carers involved in these cases to remove automatic entitlement. The current automatic entitlement should remain.

6. How do we prioritise support to those people least able to live full and active lives? Which activities are most essential for everyday life?

Basic rights such as eating, drinking, dealing with bodily functions, being warm, dry and comfortable, sleeping, medical treatment are absolutely essential to sustain life. But to live a full and active life in addition the right to education, work, a social life and the ability to get around must also be addressed.

7. How can we best ensure that the new assessment appropriately takes account of variable and fluctuating conditions?

It will be impossible for a medical assessor with no prior knowledge of the individual to adequately assess the impact on daily life of a fluctuating condition. The decision maker should use the views of known professionals and carers statement to make an award decision.

8. Should the assessment of a disabled person's ability take into account any aids and adaptations they use?

- **What aids and adaptations should be included?**
- **Should the assessment only take into account aids and adaptations where the person already has them or should we consider those that the person might be eligible for and can easily obtain?**

By taking into account aids and adaptations when assessing eligibility, it is detracting from the person's disability. Whatever aid or adaptation they utilise the person's disability remains unaltered. Disabled people should have the right to maximise their potential just as the able bodied can and not be penalised for it.

9. How could we improve the process of applying for the benefit for individuals and make it a more positive experience? For example:

- **How could we make the claim form easier to fill in?**
- **How can we improve information about the new benefit so that people are clear about what it is for and who is likely to qualify?**

The form should be in plain English and available in minority ethnic languages. The designing of it needs to involve disabled people and their family carers in partnership with healthcare and other professionals who work with and support disabled people.

10. What supporting evidence will help provide a clear assessment of ability and who is best placed to provide this?

Under the new proposals there is no plan to continue to allow for information to be provided by a family carer or other person that knows the claimant well and how their disability affects their day to day living. This should be sought along with views of relevant professionals. It is imperative that a full picture of the claimant's disability and how it affects them is sought.

11. An important part of the new process is likely to be a face to face discussion with a healthcare professional.

- **What benefits or difficulties might this bring?**

Unless it is a healthcare professional already working with, and knowledgeable of the claimants needs, this will not bring benefits. The healthcare professional will only see a snapshot of the claimant and unless a specialist in the condition/disability presented they will not have sufficient insight into their difficulties with daily living.

Adopting a 'medical model' of assessment is regressive and a direct contradiction to the stated 'social model of disability' the proposals are said to champion.

We have many years experience of supporting people to make successful appeals against decisions to remove/refuse benefit based on ill informed, misleading and inadequate reports made by medical assessors appointed by the DWP.

However if face to face discussion with healthcare professionals becomes part of the process it is essential that;

- It is recognized that people with a mental health problem would be at a disadvantage in this process and information from family carers, social care workers and mental health team should be used as a priority.

- All claimants should be allowed an advocate/family member to accompany them.
- The healthcare professional carrying out the face to face interview must have the necessary communication skills and knowledge to interview an individual and be willing and able to draw upon the evidence supplied by other health, social care and family carers involved with the individual on a day to day basis.
- . The plan does not give clearly defined timescales for dealing with claims and under the present system there can be significant delay even without the need for a medical consultation. Under the new plan being put forward the need for an interview by a medical assessor will result in even longer timescales before a decision maker decides entitlement. The expense of this could negate any savings being made to the new benefit.

Are there any circumstances in which it may be appropriate to require a face-to-face meeting with a healthcare professional – either in an individual’s own home or another location?

Only in circumstances where information received about the claim is conflicting and a decision can not be made.

How should the reviews be carried out? For example:

- **What evidence and/or criteria should be used to set the frequency of reviews?**
- **Should there be different types of review depending on the needs of the individual and their impairment/condition?**

Certain conditions where there will be no improvement should not need anything other than a courtesy letter of any other information to add please let us know. Reviews need to be personalised to the individual and their needs. Eg Autism reviewed by someone who has knowledge of the condition. Reviews on people with mental health issues an advocate or family member present.

13. Personal Independence Payments will be easier for individuals to understand, so we expect people to be able to identify and report changes in their needs. However, we know that some people do not currently keep the Department informed. How can we encourage people to report changes in circumstances?

The different levels of payments will still lead to confusion. Telephoning to report changes of circumstances can be difficult, at present you listen to a long recorded message and then have to press several number keys and then wait to

be connected to an advisor. A more customer friendly telephone system would help.

It is not realistic, or reasonable to expect people with memory problems, severe learning disabilities or other cognitive impairments to identify and report changes.

14. What types of advice and information are people applying for Personal Independence Payment likely to need and would it be helpful to provide this as part of the benefit claiming process?

Clear accessible information in formats to meet the needs of the applicant.
Signposting to ways DLA payment can be used eg Motability scheme.
Signposting to access specialist support.

15. Could some form of requirement to access advice and support, where appropriate, help encourage the minority of claimants who might otherwise not take action? If so, what would be the key features of such a system, and what would need to be avoided?

You cannot force people to access advice and support only provide information in whatever format the person requires it. When people are coping with a new disability or illness and the resulting changes to their lives they can be overloaded with information and become completely overwhelmed.

Compulsion would not only negate the possible benefits of accessing information and support but would also adversely impact on future take up of such services.

The information on the current government websites are complicated and often difficult to navigate, with highlighted wording to be clicked on to navigate to other parts of the site meaning you are switching back and forth through various screens to just read about one thing.

16. How do disabled people currently fund their aids and adaptations? Should there be an option to use Personal Independence Payment to meet a one-off cost?

The Personal Independence Payment should not have to be used to fund aids and adaptations. Freedom to continue to use the money as people see fit to bridge the gap between surviving with an illness or disability and having a life that offers the same opportunities as an able bodied person takes for granted is imperative. Having aids and equipment does not mean additional support for the cost of daily living will not be needed. Many more people with complex needs/disabilities will be living in the community and will need multiple aids and adaptations they will still need additional support with the cost of daily living regardless.

17. What are the key differences that we should take into account when assessing children?

The idea of eligibility requirements differing depending on the age of the child, could be seen as discrimination on age grounds under the Equalities Act 2010. Personal Independence Payment should be awarded due to the support needed irrespective of age. Sharing of information from other assessments such as special educational needs reports is already used when decision making on DLA. To then decide if Personal Independence Payments should not be awarded if their school support needs are being met by school funds is not allowing the child and their family to use the money to ensure the bridge is gapped in their home life between that of a child without a disability and that of a child with a disability/illness.

18. How important or useful has DLA been at getting disabled people access to other services or entitlements? Are there things we can do to improve these passporting arrangements?

Passporting via mobility component to Blue Badge has been successful. Passporting arrangements could be improved by ensuring that when the new Personal Independence Payment is awarded signposting is included in the awarding notice.

19. What would be the implications for disabled people and service providers if it was not possible for Personal Independence Payment to be used as a passport to other benefits and services?

There would be a longer wait for services, yet more duplication and administration needed. The worry that people would not access what they were entitled to.

20. What different assessments for disability benefits or services could be combined and what information about the disabled person could be shared to minimise bureaucracy and duplication?

Sharing information about Employment Support awards and linking it to the new Personal Independence Payment is likely to result in difficulties for disabled people to access this new benefit. The new tests for the award for Employment Support have been found to be not in depth enough and to not take people's personal needs into account. Personal Independence Payments awards should never be linked to a person's ability to work. The assessment process is to look at the support someone needs in their daily life, not whether they are fit for work. This will create the impression that you cannot receive this benefit and work. This benefit is to bridge the gap between being disabled and non-disabled whether a physical problem, a mental health problem or a learning disability.

Sharing of information between health and social care departments where people with complex needs have already had their daily living needs assessed to enable them to stay in their own homes.

21. What impact could our proposals have on the different equality groups and what else should be considered in developing the policy?

Different criteria should not be placed on people with the same disability purely on age. Equalities Act 2010

22. Is there anything else you would like to tell us about the proposals in this public consultation?

By still having two levels of payment for Mobility and daily living the decision making process will still be open to subjective interpretation by the decision maker. Therefore removal of the lowest rate of care does not bring any improvements other than as a crude cost cutting measure.

Many disabled people in residential placements will become completely institutionalised when the mobility component is removed for them. Local authorities already looking to make social care savings are not going to be able to pick up the shortfall this will create. Basic human rights such as a right to a family life [e.g. visiting family members] and accessing facilities including education and leisure within the community will be threatened if this ill thought out removal is pursued.

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